



AO 440 (Rev. 05/00) Summons in a Civil Action

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

CHOI, Jae Kyoung A96272693

CASE NUMBER: 07C 6151

V.

ASSIGNED JUDGE: Shadur

PETER D. KEISLER, Acting Attorney General of the United States;
MICHAEL CHERTOFF, Secretary, Department of Homeland Security;
EMILIO T. GONZALEZ, Director of United States of Citizenship and Immigration Services;
GERARD HEINAUER, Director of Nebraska Service Center;
ROBERT S. MUELLER III, Director of Federal Bureau of Investigation;
ROBERT BLACKWOOD, Field Office Director, USCIS Chicago Field Office

DESIGNATED
MAGISTRATE JUDGE: Cox

TO: (Name and address of Defendant)

Michael Chertoff c/o Office of the General Counsel
Secretary of the Department of Homeland Security
U.S. Department of Homeland Security
245 Murray Lane, SW
Washington, DC 20528-0300

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Hongmee Lee
Law Offices of Hongmee Lee, LLC
4001 W. Devon Ave. Suite #204
Chicago, IL 60646

an answer to the complaint which is herewith served upon you, within 30-60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

MICHAEL W. DOBBINS, CLERK

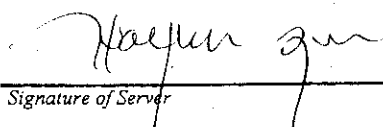
LIRI ISUFI

(By) DEPUTY CLERK

DEC 12 2007

DATE

AO 440 (Rev. 05/00) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>2/18/08</u>	
NAME OF SERVER (PRINT) <u>Hongmee Lee</u>	TITLE <u>Attorney for Plaintiff</u>	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____ <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____ <input type="checkbox"/> Returned unexecuted: _____ _____ <input type="checkbox"/> Other (specify): <u>by certified mail</u>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED FEB 21 2008 PH FEB 21 2008 MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT </div>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p>Executed on <u>2/18/08</u> Date</p> </div> <div style="width: 60%; text-align: center;">  _____ Signature of Server Law Offices of Hongmee Lee, LLC 4001 W. Devon Ave., Suite 204 <u>Chicago, IL 60646</u> Address of Server </div> </div>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Michael Chertoff</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Michael Chertoff Secretary of the DHS U.S. DHS 245 Murray Lane, SW Washington, DC 20528-0300		B. Received by (Printed Name) <i>Michael Chertoff</i> C. Date of Delivery <i>DEC 26 2007</i> D. Use delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Re: *Choi, Tae Kyoun*
Law Offices of Hongmee Lee
4001 W. Devon Ave., Suite 204
Chicago, IL 60646